



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health

Acute Care

I. Center Identification

Organization Name: HANCOCK SURGERY CENTER

Street Address: One Memorial Square, Suite 1000

City: Greenfield

County: Hancock

ASC Web Address: www.hancocksurgerycenter.com

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAAHC

Deemed Status: ☒ Yes ☐ No

Corporate Tax Status: ☒ For Profit ☐ Non Profit

II. Identification of Surgical Resources

| | |
|---------------------------|---|
| Number of operating rooms | 4 |
| Number of procedure rooms | 0 |

III. Utilization Statistics

| | | |
|--|--------------------|----------------------|
| A. Total Patients and Procedures | | |
| Time Period | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period | 4,336 | 4,417 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 45385 | 568 | |
| 43239 | 443 | |
| 45378 | 345 | |
| 69436 | 193 | |
| 62311 | 128 | |
| 45380 | 125 | |
| 69631 | 108 | |

| | |
|-------|-----|
| 64483 | 105 |
| 42820 | 102 |
| 64721 | 98 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 3 |
|--|---|